



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E378906**

CASE #	14-02953
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>
TRIBAL RESERVATION <input type="checkbox"/>		

DATE OF COLLISION	11	-	25	-	2014	TIME (2400)	1555	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF <input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
91 AVE NE	BLOCK NO. <input checked="" type="checkbox"/>	500
	MILE POST <input type="checkbox"/>	

DISTANCE		MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4259519331
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LAST NAME	ADAMS	FIRST NAME	HOLLY	MIDDLE INITIAL	R
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STREET NEW ADDRESS	10014 24TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982588126
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ADAMSHR162N1	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	08	-	21	-	1984
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	KNEE PAIN
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LICENSE PLATE #	AMW4687	STATE	WA	VIN#	1G2NF52T11M573562
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2001	MAKE	PONT	MODEL	GRM4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. BILLY GOSSETT 934 8TH AVE LONGVIEW WA 98632

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253271751
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LAST NAME	GREENE	FIRST NAME	AARON	MIDDLE INITIAL	M
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STREET NEW ADDRESS	4115 143 AVE SE
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CITY	SNOHOMISH	ST	WA	ZIP	98290
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CDL	B	RESTRICTIONS	ENDORSEMENTS	L
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DRIVER'S LICENSE #	GREENAM296DG	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	03	-	07	-	1971
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B20935S	STATE	WA	VIN#	3D7UT2CL1AG132259
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2010	MAKE	DODG	MODEL	RAMPU	STYLE	CW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. AARON GREENE 4115 143RD AVE SE SNOHOMISH WA 98290

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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OFFICER'S NAME (PRINT)	N. ADAMS #127	BADGE OR ID #	127	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E378906**

CASE # **14-02953**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>GREENE THERESA A</b>																
ADDRESS & PHONE #		<b>4115 143 AVE SE SNOHOMISH WA 98290</b>										SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>01</b>	<b>05</b>	<b>1962</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>7</b>	NATURE OF INJURIES <b>NECK/SHOULDER PAIN</b>
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>SMITH IYANA V</b>																
ADDRESS & PHONE #		<b>4115 143 AVE SE SNOHOMISH WA 98290</b>										SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>05</b>	<b>01</b>	<b>2006</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>5</b>	AIRBAG	<b>2</b>	RESTR.	<b>8</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>HALL BETTY J</b>																
ADDRESS & PHONE #		<b>5429 147TH AVE SE SNOHOMISH WA 982909399 4252442699</b>										SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>10</b>	<b>26</b>	<b>1970</b>	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 11/25/14 at about 1557 hours, (all times approximate) dispatched informed of a collision which ended up being at the 500 block of 91st Ave NE in the city of Lake Stevens.

Vehicle one, LIC AMW4687, exited the parking lot from Jack in the Box and proceeded northbound on 91st Ave NE. Vehicle two, LIC B20935S, was legally stopped in the northbound lane due to traffic.

Vehicle one collided into the rear end of Vehicle two.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**N. ADAMS #127**

**11-29-14 08:10 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**SGT. C. VALVICK 71**

**11/29/2014 6:06:14 PM**

BADGE OR ID #	<b>127</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>3:57 PM</b>	TIME POLICE ARRIVED	<b>4:01 PM</b>
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NOT TO SCALE



91st Ave NE



(center turn lane)



IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF LAKE STEVENS VIOLATION BUREAU LAKE STEVENS PLANTIFF VS. NAMED DEFENDANT

STATE OF WASHINGTON COUNTY OF THE UNDERIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. (SCAWED/ID ONLY) ADAMSHR162N1 STATE: WA EXPIRES 08-21-17 PHOTO ID MATCHED ☒ YES ☐ NO NAME: LAST ADAMS FIRST HOLLY MIDDLE RAE SFX CDL ☐ YES ☐ NO

ADDRESS 10014 24TH ST NE IF NEW ADDRESS ☐ PASSENGER CITY LAKE STEVENS STATE WA ZIP CODE 982588126

EMPLOYER DATE OF BIRTH 08-21-84 RACE W SEX F HEIGHT 5'05" WEIGHT 145 EYES BRO HAIR BRO RESIDENTIAL PHONE NO. (425)951-9331 CELL/PAGER PHONE NO. WORK PHONE NO.

VIOLATION DATE 11/25/2014 16:28 INTERPRETER NEEDED ☐ AT LOCATION 91 AVE NE M.P. BLOCK # 500 CITY/COUNTY OF LAKE STEVENS/SNOHOMISH

ON OR ABOUT 11/25/2014 16:28 DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEH LIC NO AMW4687 STATE WA EXPIRES 11-06-14 VEH YR 2001 MAKE PONTIAC MODEL GRM4D STYLE SEDAN 4 DR COLOR SILVER/AL

TR #1 LIC NO STATE EXPIRES TR YR TR #2 LIC NO STATE EXPIRES TR YR

OWNER/COMPANY IF OTHER THAN DRIVER BILLY WAYNE GOSSETT CITY LONGVIEW STATE WA ZIP CODE 98632

ADDRESS 934 8TH AVE

ACCIDENT POSSIBLE INJURY COMMERCIAL VEHICLE YES NO 16+ PASS YES NO HAZMAT YES NO EXEMPT VEHICLE LEA FIRE

VEH SPEED IN A ZONE SMD PAGE AIRCRAFT DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

1. VIOLATION/STATUTE CODE 46.20.015 NO VALID OPER LICENSE WITH VALID ID PENALTY \$ 550.00

2. VIOLATION/STATUTE CODE PENALTY \$

3. VIOLATION/STATUTE CODE PENALTY \$

4. VIOLATION/STATUTE CODE PENALTY \$

5. VIOLATION/STATUTE CODE PENALTY \$

RELATED # DATE ISSUED 11-25-14 TOTAL PENALTY \$ 550.00

ICERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT. OFFICER N. ADAMS #127 # 127 OFFICER

☒ TICKET SERVED ON VIOLATOR ☐ TICKET REFERRED TO PROSECUTOR

☐ TICKET SENT TO COURT FOR MAILING

NOTICE OF INFRACCTION This is a non-criminal offense for which you cannot go to jail. YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED. Your response must be postmarked by midnight of the day it is due at the court. If you do not respond or appear for court hearings:

TRAFFIC The court will find that you committed the infraction. You may lose your driver's license privilege. Your penalty will be increased. Failure to pay may result in a referral of your case to a collection agency.

NON-TRAFFIC The court will find that you committed the infraction. It is a crime and will be treated accordingly. Your penalty may be increased. Failure to pay may result in a referral of your case to a collection agency.

Check one of the 3 boxes to the right, sign, date, and mail this form to:

Court contact information: Phone 1: (425)334-1012

LAKE STEVENS VIOLATION BUREAU PO BOX 257

LAKE STEVENS WA 98258

My mailing address is: (PLEASE PRINT) Name: Street or PO Box Apt: City: State: Zip Code: Telephone: Home: Work: Is interpreter needed? Language: X: (SIGNATURE): 420865106

LSPD ORIGINAL

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02953

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Adams Holly K W	RACE W	ETH F	SEX F	DOB 08-21-54	AGE 38	HGT 5'5"	WGT 135	HAIR B	EYES B
STREET ADDRESS 2412 101st NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425 951 9331		CELL PHONE			PLACE OF EMPLOYMENT JACK THE BOX					
WORK PHONE		EMAIL ADDRESS								

I, Holly Adams, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was pulled out of work and the cars that were moving came to a stop and I had not time to stop my front bumper went into their car.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE <u>Holly Adams</u>	DATE SIGNED Nov 25 2014	LOCATION SIGNED New country gr
OFFICER/NUMBER: Adams #127	DATE SIGNED 11/29/14	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS14023487 Xref: #AG14003406

Case Numbers: \$SS14002953

Entered 11/25/14 15:55:09 BY SPCT05 SP0390

Dispatched 11/25/14 15:57:44 BY SPDP17 SP0386

Enroute 11/25/14 15:57:44

Onscene 11/25/14 16:01:40

Closed 11/25/14 16:47:39

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src: T

Loc: 718 91 AV NE , LKS -- WALGREENS , LKS btwn SR 204 & VERNON RD (V)

Loc Info: IFO

Name: GREEN, TERESA

Addr:

Phone: 4253302282

/1555 (SP0390) ENTRY , CC, NON INJ, BLK DODGE RAM VS SIL GRAND AM, BLK  
ING  
/1555 SUPP NAM: GREEN, TERESA,  
PHO: 4253302282  
/1555 (SP0386) AGCADV , BCST  
/1556 AGCADV , 19S15  
/1556 VIEWED  
/1557 DISPER 19S15 #SS105 IRWIN, OFFICER (DENNIS)  
/1601 (SS105 ) \*ONSCNE 19S15  
/1604 (SP0386) ONSCNE 19S15 [91 X FROM JACK IN THE BOX]  
/1605 (SS127 ) \*ASST 19D2 [91 X FROM JACK IN THE BOX]  
#SS127 ADAMS, OFFICER (NATHAN)  
/1607 (SP0386) ENROUT 19D2  
/1607 (SS105 ) \*ONSCNE 19S15  
/1607 (SS127 ) \*ONSCNE 19D2  
/1609 (SP0386) MISC 19S15 , AID FOR FEM CABN KNEE PAIN FROM COL, AND 8YOF C  
ABN  
/1610 CROSS #AG14003406  
/1611 ASNCAS 19D2 \$SS14002953  
/1632 (SS127 ) REMINQ 19D2 MDTWANT, , , , , , WA, ADAMSHR162N1, , , , , , , , , ,  
/1642 \*CLEAR 19D2 D/H  
/1647 (SS105 ) \$PREMPT 19S15  
/1647 CLOSE 19S15

LSPD  
ORIGINAL